			- -				-							
									pplication or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2000									69 8649LY					
CLAIMS AS FILED - PART I								F١	ITITY		OTHER THAN			
	ÿ	······································	(Column	1)	(Column 2)		TYPE			OR				
TOTAL CLAIMS 43							RATI		FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	EE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			43 minus 20=		* 23		X\$ 9	X\$ 9= 38		OR	X\$18=			
INDEPENDENT CLAIMS			y minus 3 =		* /		X40=		40	OR	X80=			
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT				.125		70		.070			
* If	the difference	in column 1 is l	less than zero, enter		r "0" in c	"0" in column 2		+135=		OR	+270=			
			MENDED - PART II			oluliii 2	TOTAL		我2	OR	TOTAL			
	C	CMAI	1 6	ENTITY	OR	OTHER SMALL								
		(Column 1) CLAIMS		(Colui		(Column 3)	- SMA			On I	SWALL	ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID		PRESENT EXTRA	RATI	Ξ	ADDI- TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		= .	X\$ 9	=		OR	X\$18=			
ME	Independent	*	Minus	***		=	X40=			OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										070	· · · · · · · · · · · · · · · · · · ·		
	:						+135			OR	+270=			
	•							TOTAL ADDIT. FEE		OR ADDIT. FEE				
(Column 1) (Column 2) (Column 3)									·		.=			
ENT B		CLAIMS REMAINING AFTER AMENDMENT	,	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMEN	Total	*	Minus	**		=	X\$ 9	=	·	OR	X\$18=			
AME	Independent	*	Minus	***		=	X40=	:		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											.070			
			•				+135			OR	+270=			
			•				ADDIT. F			OR	TOTAL ADDIT. FEE			
	· · · · · · · · · · · · · · · · · · ·	(Column 1)	,		mn 2)	(Column 3)	l							
DMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DW	Total		Minus	**		=	Y\$ Q.			00	X\$18=			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

Minus

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Independent

AMENDMENT C

OR

OR

OR

X80=

+270=

ADDIT. FEE

TOTAL

X40=

+135=

ADDIT. FEE

TOTAL